

PATENT APPLICATION FEE DETERMINATION RECORD

Patent Application Number: 09/444889
 Filed: 09/14/2001
 Inventor: [Name]
 Attorney: [Name]

Base Fee	
Small Entity Discount	
Fee Waiver	
Independent Claim	
Multiple Dependent Claim	

Rate	395
Additional Fee	
Total	

Rate	790
Additional Fee	
Total	

CLAIMS AS AMENDED - CLAIM 1

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	15	37	
Independent (37 CFR 1.16(b))	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

Rate	9
Additional Fee	44
Total	150

Rate	18
Additional Fee	88
Total	300

Column 1

Column 2

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			
Independent (37 CFR 1.16(b))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

Rate	9
Additional Fee	44
Total	150

Rate	18
Additional Fee	88
Total	300

Column 1

Column 2

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			
Independent (37 CFR 1.16(b))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

Rate	9
Additional Fee	44
Total	150

Rate	18
Additional Fee	88
Total	300

If the entry in column 1 is less than the entry in column 2, write "0" in column 1.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2.
 The "Highest Number Previously Paid For" (Total or Independent) is the first.
 Burden Hour Statement. This form is estimated to take 12 hours to complete. Time
 Any comments on the amount of time you are required to complete this form should be
 Office, Washington, DC 20531. DO NOT SEND THIS FORM TO THE USPTO.
 Bureau, Washington, DC 20531.

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